



City of Dunwoody

400 Northridge Road

Suite 1250

Dunwoody, GA 30350

Phone: 678.382.6700 •

Fax: 678.382.6701

Department of Finance

This return and payment of the taxes collected during the month shown are due by the 20th day of the next month to avoid a late payment and interest charges.

HOTEL MOTEL EXCISE TAX REPORTING FORM

Business Name: _____
Address: _____

Account Number: _____

Month/Year Reported: _____

ALL SECTIONS OF THIS FORM MUST BE FULLY COMPLETED AND THE RETURN SHALL BE FILED EVEN THOUGH NO TAX MAY BE DUE.

	1 Gross Room Rentals	\$	_____
A. Total Number of Rooms Occupied During This Month	2 Less Permanent Guest Rentals	\$	_____
	3 Taxable Room Rentals	\$	_____
B. Total Exempt Rooms	4 Tax - 5% of Line 3	\$	_____
C. Total Rooms Available This Month (Number of Rooms Times Number of Days During This Month)	5 Penalty - 10% if Past Due 25% Fraud or Intent to Evade	\$	_____
D. Occupancy Percentage (A. divided by B.)	6 Interest - 1% per month or portion thereof time Line 4	\$	_____
E. Average Room Rate This Month	7 Less Collection Fee - 3% of Line 4 (Only on Timely Returns)	\$	_____
	8 Total Amount Due	\$	_____
	9 Total Amount Paid	\$	_____

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I hereby certify that the statements made herein and on any supporting documents are true, correct and complete to the best of my knowledge.

Print Name of Preparer

Signature of Preparer

Date

PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT.

Note: **Incomplete forms will be returned to you to be fully completed.**

Mail to:

**PO Box 888074
Dunwoody, GA 30356**

Make check payable to:

City of Dunwoody